

**To:** School-Based Service Providers, HMOs and Other Managed Care Programs

## 2008 Rate Changes for School-Based Services

This *BadgerCare Plus Update* describes the following two rate changes for school-based services in 2008:

- Contracted hourly rates.
- Federal share reimbursement rates.

### Rate Changes in 2008

School-based services (SBS) providers are receiving two rate changes for the year 2008. The rates that are affected and the rationale for the changes are detailed in this *BadgerCare Plus Update*.

### Contracted Hourly Rates Increased 2.9 Percent

Effective for dates of service on and after July 1, 2008, BadgerCare Plus-contracted hourly rates increased 2.9 percent for school-based services. The contracted hourly rate is the uniform hourly rate determined by the Department of Health Services.

### Federal Share Increasing to 59.38 Percent

Effective for claims processed on and after October 1, 2008, the federal share for school-based services will increase from 57.62 percent to 59.38 percent. Therefore, the amount the SBS provider is required to obtain from local matching funds decreases by a proportional amount. Since BadgerCare Plus reimburses SBS providers 60 percent of the federal share, this will proportionately increase the BadgerCare Plus reimbursement an SBS provider receives.

### Updated Maximum Allowable Fee Schedule

The Attachment of this *Update* is the BadgerCare Plus fee schedule that reflects these changes. The contracted

rates are interim rates that SBS providers will receive for applicable services rendered. The reimbursement rates determine interim payments, which will be reconciled to cost based on cost reports.

Providers may refer to the May 2007 *Update* (2007-38), titled "Mandatory School-Based Services Cost Report Available," for more information about cost reports.

The *BadgerCare Plus Update* is the first source of program policy and billing information for providers. All information applies to Medicaid and BadgerCare Plus unless otherwise noted in the *Update*.

Wisconsin Medicaid and BadgerCare Plus are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at [dhs.wisconsin.gov/medicaid/](http://dhs.wisconsin.gov/medicaid/).

PHC 1250

# **ATTACHMENT**

## **BadgerCare Plus Fee Schedule for School-Based Services**

Medicaid-certified providers will be reimbursed the rates listed on this schedule for covered services provided to eligible members.

This fee schedule contains the following information:

**Procedure Code** — The procedure code recognized by BadgerCare Plus to identify the service provided.

**Description** — A description of the procedure code.

**Modifier and Modifier Description** — The modifier recognized by BadgerCare Plus and the description of the modifier.

**Contracted Rate** — The uniform rate determined by the Division of Health Care Access and Accountability (DHCAA).

**Reimbursement (Federal Share)** — The federal share of the contracted rate. This is the amount paid per unit by BadgerCare Plus.

The fee schedule does not address the various coverage limitations routinely applied by BadgerCare Plus before final payment is determined (e.g., member and provider eligibility, billing instructions, frequency of services, third-party liability, copayment, age restrictions, and prior authorization).

The preceding information is intended to help providers understand the BadgerCare Plus maximum allowable fee schedule. For questions about the fee schedule, providers should contact Provider Services at (800) 947-9627. For questions about rates, providers should contact the DHCAA by writing to the following address:

Policy Analyst  
Division of Health Care Access and Accountability  
School-Based Services  
PO Box 309  
Madison WI 53701-0309

<b>Procedure Codes for School-Based Services on and After July 1, 2008</b> <b>(Valid for Dates of Service on and After July 1, 2008)</b>					
<b>Procedure Code</b>	<b>Description</b>	<b>Modifier and Modifier Description</b>	<b>Contracted Rate</b>	<b>Reimbursement Amount SBS Providers Will Receive 7/1/08 to 9/30/08</b>	<b>Reimbursement Amount SBS Providers Will Receive on and After 10/1/08</b>
92506 with modifier "TM"	Evaluation of speech, language, voice, communication, and/or auditory processing	TM — Individualized education program (IEP)	\$28.36	\$9.80	\$10.10
92507 with modifier "TM"	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	TM — Individualized education program (IEP)	\$28.36	\$9.80	\$10.10
92508 with modifier "TM"	group, 2 or more individuals	TM — Individualized education program (IEP)	\$9.37	\$3.24	\$3.34
97110 with modifiers "TM" and "GO"	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	TM — Individualized education program (IEP)	\$24.56	\$8.49	\$8.75
		GO — Services delivered under an outpatient occupational therapy plan of care			
97150 with modifiers "TM" and "GO"	Therapeutic procedure(s), group (2 or more individuals)	TM — Individualized education program (IEP)	\$8.10	\$2.80	\$2.89
		GO — Services delivered under an outpatient occupational therapy plan of care			
97003 with modifier "TM"	Occupational therapy evaluation	TM — Individualized education program (IEP)	\$24.56	\$8.49	\$8.75
97110 with modifiers "TM" and "GP"	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	TM — Individualized education program (IEP)	\$28.43	\$9.83	\$10.13
		GP — Services delivered under an outpatient physical therapy plan of care			

<b>Procedure Codes for School-Based Services on and After July 1, 2008</b> <b>(Valid for Dates of Service on and After July 1, 2008)</b>					
<b>Procedure Code</b>	<b>Description</b>	<b>Modifier and Modifier Description</b>	<b>Contracted Rate</b>	<b>Reimbursement Amount SBS Providers Will Receive 7/1/08 to 9/30/08</b>	<b>Reimbursement Amount SBS Providers Will Receive on and After 10/1/08</b>
97150 with modifiers "TM" and "GP"	Therapeutic procedure(s), group (2 or more individuals)	TM — Individualized education program (IEP)	\$9.39	\$3.25	\$3.35
		GP — Services delivered under an outpatient physical therapy plan of care			
97001 with modifier "TM"	Physical therapy evaluation	TM — Individualized education program (IEP)	\$28.43	\$9.83	\$10.13
T1024 with modifier "U2"	Evaluation and treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter (Short description: team evaluation & management)	U2 — Individual IEP, psychological service	\$25.33	\$8.76	\$9.02
T1024 with modifier "U3"	Evaluation and treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter (Short description: team evaluation & management)	U3 — Group IEP, psychological service	\$8.35	\$2.89	\$2.97
T1024 with modifier "U1"	Evaluation and treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter (Short description: team evaluation & management)	U1 — M-team assessment and IEP, psychological service	\$25.33	\$8.76	\$9.02

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T1024 with modifier "U5"	Evaluation and treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter (Short description: team evaluation & management)	U5 — Individual IEP, counseling service	\$24.30	\$8.40	\$8.66
T1024 with modifier "U6"	Evaluation and treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter (Short description: team evaluation & management)	U6 — Group IEP, counseling service	\$8.02	\$2.77	\$2.86
T1024 with modifier "U4"	Evaluation and treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter (Short description: team evaluation & management)	U4 — M-team assessment and IEP, counseling service	\$24.30	\$8.40	\$8.66
T1024 with modifier "U8"	Evaluation and treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter (Short description: team evaluation & management)	U8 — Individual IEP, social work service	\$24.42	\$8.44	\$8.70

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T1024 with modifier "U9"	Evaluation and treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter (Short description: team evaluation & management)	U9 — Group IEP, social work service	\$8.06	\$2.79	\$2.87
T1024 with modifier "U7"	Evaluation and treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter (Short description: team evaluation & management)	U7 — M-team assessment and IEP, social work service	\$24.42	\$8.44	\$8.70
T1002 with modifier "TM"	RN* services, up to 15 minutes	TM — Individualized education program (IEP)	\$20.48	\$7.08	\$7.30
T1003 with modifier "TM"	LPN/LVN** services, up to 15 minutes	TM — Individualized education program (IEP)	\$20.48	\$7.08	\$7.30
T1001 with modifier "TM"	Nursing assessment/evaluation	TM — Individualized education program (IEP)	\$20.48	\$7.08	\$7.30
T2003 with modifier "TM"	Non-emergency transportation; encounter/trip	TM — Individualized education program (IEP)	\$16.52	\$5.71	\$5.89
A0425 with modifier "TM"	Ground mileage; per statute mile	TM — Individualized education program (IEP)	\$3.77	\$1.30	\$1.34

\* RN = Registered Nurse.

\*\* LPN/LVN = Licensed Practical Nurse/Licensed Vocational Nurse.